

The Oregon Experience

Nine years of Oregon results show aid in dying is working

The State of Oregon has released results showing that after nine years with an aid in dying law, terminally ill patients and their families are benefiting. The findings continue to confirm the safety of Oregon's Death with Dignity law. None of opponents' predicted problems have come true.



Greg chose to have the option under Oregon's Death with Dignity Act, to end his own life. For that past year, his work was fighting a long, hard, and finally, losing battle with the leukemia. Greg was very concerned about having a dignified death: not losing control of his bodily functions, not being bedridden, not suffering unnecessarily any longer, and not being able to truly live.

Department of Human Services report shows, as in years past, all Oregonians who used the law in 2006 were mentally competent and terminally ill; all made repeated voluntary requests for assistance, and all had access to hospice programs.

The State of Oregon reported that during 2006, as in all prior years, many more terminal patients applied for prescriptions (70) than used those prescriptions (46). Once again, the report showed that peace of mind for the terminally ill is one of the greatest benefits of the death with dignity law. Forty-six terminally ill patients used the Oregon law to help control their imminent deaths. Many different physicians wrote the prescriptions.

Oregon's experience and the facts surrounding the operation of their law clearly document that its most significant impact was to improve the care for all dying patients by raising the awareness among doctors and the public that uncontrolled suffering and loss of autonomy and dignity should not be the standard of care for dying patients.

Nine years of studies by the State of Oregon and other independent researchers document that:

The incontrovertible facts of the nine years of success of the Oregon law provide the people of California with the following certainty: the patient protections work and the law will not be abused or imposed on the powerless or mentally incompetent. The opponents' arguments have proven unfounded for the past nine years because their opposition is based not on facts but on religious orthodoxy and fear. The 2007 Oregon

- A tiny percentage of Oregon's dying patients, a total of 292 terminally ill patients, chose to hasten their deaths by following the specific legal procedures.
- The poor, disabled or minority populations were not adversely impacted in any manner because all of the patients who chose the option had health care coverage.

- Approximately 80% or more over the years were in hospice, and all of them were at the very end of their dying process.
- All dying patients in the state of Oregon benefited from the improved care of physicians and health care providers as measured by clinical standards, the experience of hospice nurses, increased use of medical morphine, increased referrals to hospice with the lowest rates of in-hospital deaths and the highest rates of home deaths in the nation.
- Nearly 80% of patients using the law were dying of cancer, and nearly all others of ALS (Lou Gehrig's disease) or COPD (Chronic Obstructive Pulmonary Disease) or HIV/AIDS.

"We are learning many lessons in Oregon. One is that more Oregonians than have used the law find comfort in knowing it's available. Research confirms that only 1 of 200 who considers the law will take a prescription. Another is that it may be easier to have conversations about dying – and fears about dying – in Oregon, when all options are on the table."

"Oregon's Death With Dignity Act has been responsibly implemented, with none of the dire predicted consequences. Hospice workers agree that the most important reason patients use a prescription is to control the circumstances of death. The least important reasons include depression, being a financial drain on others, and lack of social support." Ann Jackson, executive director of the Oregon Hospice Association (OHA), a statewide, not for profit public benefit organization, whose goal is to make sure that all Oregonians can have excellent care as they – or their loved ones – approach the end of life. OHA has no position on Oregon's law.

"The relief from my terminally-ill patients and their families is palpable. I think I've also helped families accept their family members' final wishes in the face of terrible illness. Aid in dying for terminal patients is an essential part of good, compassionate end of life care."

Dr. Nicholas Gideonse, Director of the State of Oregon's Health Science University Primary Care Center.

Nine Years of Aid-in-Dying Data in Oregon: 1998-2006

	2006	9 Year Total (1998-2006)
Total Oregon deaths	31,000 (Approx)	300,000 (Approx)
No. of Patients who requested and received life-ending prescriptions	70	460
No. of physicians who wrote prescription	40	245
No. of patients who hastened their death by using the prescription	46	292